

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only	1. FILE NUMBER <u>025-863</u>	2. PERIOD COVERED MO DAY YEAR From <u>07 01 1999</u> Through <u>06 30 2000</u>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME <u>UNITED BROTHERHOOD OF CARPENTERS</u>		8. MAILING ADDRESS (Type or print in capital letters.) First Name <u>KNUTE</u> Last Name <u>LARSON</u> P.O. Box • Building and Room Number (if any) _____ Number and Street <u>312 CENTRAL AVE STE 352</u> City <u>MINNEAPOLIS</u> State <u>MN</u> ZIP Code + 4 <u>55414</u>	
5. DESIGNATION (Local, Lodge, etc.) <u>LOCAL</u>		6. DESIGNATION NUMBER <u>1865</u>	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	
<u>14</u>	<u>DuWayne L. Schibilla Certified Public Accountant</u>
<u>76</u>	<u>TRUSTEE SIGNATURE</u>
<u>15</u>	<u>EXPENDITURES OF \$8,604 WERE DETERMINED AS UNAUTHORIZED.</u>

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Knute Larson</u> <u>9 130 100</u> <u>(608) 795-2759</u> Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: _____ _____ Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ☐ Yes ☒ No
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☐ Yes ☒ No
12. Have a political action committee (PAC) fund? ☐ Yes ☒ No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ Yes ☒ No
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ Yes ☐ No
15. Discover any loss or shortage of funds or other property? ☒ Yes ☐ No
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ Yes ☒ No
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ Yes ☒ No

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 653
19. What is the date of your organization's next regular election of officers? MO UN YEAR KOWN
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 42000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 20.65 - 31.25 per month (Month, Year, etc.)
(b) Initiation Fees	\$ 25.00 - 195.00
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ☐ Yes ☒ No
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ Yes ☒ No
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ Yes ☒ No

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 025 - 863

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash		52 889	47 387
	26. Accounts Receivable			
	27. Loans Receivable	1		
	28. U.S. Treasury Securities			
	29. Investments	2	13 050	13 050
	30. Fixed Assets	5	400	400
	31. Other Assets	3		
	32. TOTAL ASSETS		66 339	60 837

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable			
	34. Loans Payable	8		
	35. Mortgages Payable			
	36. Other Liabilities	4	1 363	715
	37. TOTAL LIABILITIES			
	38. NET ASSETS (Item 32 less Item 37)		64 976	60 122

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 025-863

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			265296	56. To Officers	9		48668
40. Per Capita Tax				57. To Employees	10		17548
41. Fees			6394	58. Per Capita Tax			120394
42. Fines				59. Fees, Fines, Assessments, etc.			
43. Assessments				60. Office & Administrative Expense	13		19490
44. Work Permits				61. Educational & Publicity Expense ...			
45. Sale of Supplies				62. Professional Fees			5519
46. Interest			2316	63. Benefits	11		4422
47. Dividends				64. Contributions, Gifts & Grants	12		
48. Rents				65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6			66. Direct Taxes			
50. Loans Obtained	8			67. Withholding Taxes			2270
51. Repayments of Loans Made	1			68. Purchase of Investments & Fixed Assets	7		
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained	8		
54. Other Receipts	14		3817	71. To Affiliates of Funds Collected on Their Behalf			
55. TOTAL RECEIPTS			277823	72. On Behalf of Individual Members ...			
				73. Other Disbursements	15		65014
				74. TOTAL DISBURSEMENTS			283325

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 025-863

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	13050
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) <u>LABOR TEMPLE STOCK</u>	13,050
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	13050
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 025-863

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. <u>PAYROLL W/H'S</u>	715
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	715
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 025-863

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	6,465	6,065	400	
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			400	

Enter the Total from Line 8, Column (D) in Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		

Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 025 - 863

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		
Enter the Total from Line 8 in			↑ Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in			↑ Item 34 Column (C)	↑ Item 50	↑ Item 70
			↑ Item 75 with Explanation	↑ Item 34 Column (D)	

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 025-863

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*						
1. Last Name: NELSON First Name: R Title: PRESIDENT Status: C				600			600
2. Last Name: VANHALE First Name: T Title: VICE PRESIDENT Status: N			974	367			1341
3. Last Name: DUBE First Name: J Title: FINANCIAL SEC Status: C			28698	6740			35438
4. Last Name: HITZEMANN First Name: D Title: TREASURER Status: C			1202	3600			4802
5. Last Name: HAWKINSON First Name: L Title: RECORDING SEC Status: C			550	1500			2050
6. Last Name: GIVEN First Name: A Title: TRUSTEE Status: C			312	560			872
7. Last Name: THOMSON First Name: R Title: TRUSTEE Status: C			82	560			642
8. Totals from additional pages (if any)			1,778	1,145			2,923
9. Totals of Lines 1 through 8							
10. Less Deductions							
Enter the Total from Line 11 in Item 56 →			11. Net Disbursements 48668				

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 025-863

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name First Name Position Name of Affiliated Organization					
2. Last Name First Name Position Name of Affiliated Organization					
3. Last Name First Name Position Name of Affiliated Organization					
4. Last Name First Name Position Name of Affiliated Organization					
5. Last Name First Name Position Name of Affiliated Organization					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7					
9. Less Deductions					
Enter the Total from Line 10 in..... Item 57 ➡			10. Net Disbursements		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 025-863

Description (A)	To Whom Paid (B)	Amount (C)
1. <u>HEALTH & WELFARE</u>	<u>FRINGE FUND</u>	<u>4,218</u>
2. <u>PENSION</u>	<u>LOCAL PENSION TRUSTEES</u>	<u>204</u>
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		<u>4422</u>
Enter the Total from Line 6 ↑ Item 63		


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. <u>RENT</u>	<u>9,106</u>
2. <u>TELEPHONE</u>	<u>4,699</u>
3. <u>SUPPLIES & EQUIP.</u>	<u>4,151</u>
4. <u>ORGANIZING</u>	<u>897</u>
5. <u>ALL OTHERS</u>	<u>637</u>
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	<u>19,490</u>
Enter the Total from Line 8 in ↑ Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. MIC REIMBURSE	3,690
2. EXPENSE REFUNDS	127
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3817
Enter the Total from Line 17 in  Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. MIC REIMBURSEMENTS	47,507
2. UNAUTHORIZED EXP.	8,604
3. MEETINGS/CONFERENCES	7,656
4. SOCIAL	1,247
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	65014
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: 6-30-2000

FILE NUMBER: 025-863

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
<small>Last Name</small> SONTAG	<small>First Name</small> J					
<small>Title</small> EXECUTIVE BRO	<small>Status</small>		345			345
<small>Last Name</small> OLOUGHLIN	<small>First Name</small> T	1778	800			2578
<small>Title</small> TRUSTEE	<small>Status</small>					
<small>Last Name</small>	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
<small>Last Name</small>	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
<small>Last Name</small>	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
<small>Last Name</small>	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
<small>Last Name</small>	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
<small>Last Name</small>	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
<small>Last Name</small>	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
Totals		1,778	4,145			2923

ORGANIZATION NAME: _____

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PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						